

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Michael R. Pence
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Controlled Substance Registration Renewal Form

Your controlled substance registration in the state of Indiana expires on 12/31/2015. Renew online at www.pla.in.gov or send this form with the renewal fee of \$100 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this form is postmarked after 12/31/2015 you must include a \$50 late fee. If you answer 'Yes' to any question below, please include a signed statement fully explaining the response plus any additional documentation with this renewal application.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Renewal Fee \$100
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

QUESTIONS	
1. Since last renewal, has there been an occasion where any agent of your facility has not maintained effective controls against diversion of controlled substances into other than legitimate medical, scientific, or industrial channels?	Yes No
2. Since last renewal, has there been an occasion where any agent of your facility has not been in complete compliance with all state and local laws pertaining to controlled substances?	Yes No
3. Since last renewal, have any agents of your facility been convicted, pled guilty, or pled <i>nolo contendere</i> , under any federal or state laws relating to any controlled substances that has <i>not</i> been expunged under IC 35-38-9?	Yes No
4. Since last renewal, has your facility had any action, discipline, revocation, or surrender of your Drug Enforcement Administration (DEA) Registration or entered into any settlement or Memorandum of Understanding with respect to said registration?	Yes No
5. Since last renewal, has your facility had any action, discipline, revocation, or surrender of any professional license in any jurisdiction related to controlled substances?	Yes No

LICENSEE AFFIRMATION	
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Licensee	Date (month, day, year)

Fee Exempt Facilities: If you are a fee exempt facility, you need to complete this renewal application in full, write "fee exempt" at the top of the form, and mail it to our office. Even though you are not submitting a fee, you cannot submit the renewal application by fax or e-mail because we need the original signature on the form for our records.

Visit www.pla.in.gov for additional information regarding your license. If you have any questions for the Board of Pharmacy please email renewal4@pla.in.gov or call 317-234-2067.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date